

Reset Form

CAND Pay.gov Application for Refund (rev. 5/17)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**AMENDED APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- In fields 3-7, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

<b>1. Your Name:*</b> Eric M. George	<b>8. Your Phone Number:</b> (310) 274-7100
<b>2. Your Email Address: *</b> egeorge@bgrfirm.com	<b>9. Full Case Number (if applicable):</b> 3:18-CV-04865
<b>3. Pay.gov Tracking ID Number:*</b> 26BHEKNN	<b>10. Fee Type:*</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission  <input checked="" type="checkbox"/> Civil Case Filing  <input type="checkbox"/> FTR Audio Recording  <input type="checkbox"/> Notice of Appeal  <input type="checkbox"/> Pro Hac Vice  <input type="checkbox"/> Writ of Habeas Corpus         </div>
<b>4. Agency Tracking ID Number:*</b> 0971- 12586757	
<b>5. Transaction Date:*</b> 08/10/2018	
<b>6. Transaction Time:*</b> 5:55 pm	
<b>7. Transaction Amount (Amount to be refunded):*</b> \$ 400.00	
<b>11. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> <li>▪ For a duplicate charge, provide the <b>correct</b> Pay.gov and Agency Tracking numbers in this field.</li> <li>▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul> <p>duplicate charge was posted for filing of Complaint on August 10, 2018 (other charge posted - Agency ID 0971-12586830, pay.gov ID 26BHEPV8). Please refund \$400.00 overpayment. thank you</p>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](http://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="margin-left: 20px;"> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial)         </div>	
Approval/denial date: <u>9/26/2018</u>	Request approved/denied by: <u>Joe Baran</u>
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: <u>0971-</u>
Date refund processed:	Refund processed by:
Reason for denial (if applicable): <b>Please explain in detail what happened to cause the duplicate charge (see section 11 -highlighted in yellow).</b>	
Referred for OSC date (if applicable):	